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TO: EXAMINER DAVID RASHID	FROM: SHERI ROBINSON 650/474-8400 650/474-8401 (Fax)		
COMPANY: USPTO	DATE: 4-23-08		
FAX NUMBER: 571-273-1578	TOTAL NO. OF PAGES INCLUDING COVER: * 12		
PHONE NUMBER: 571-270-1578	SENDER'S REFERENCE NUMBER: EBRY0003		
RE: RCE and Preliminary Amendment filed on 4/4/2008	YOUR REFERENCE NUMBER: 10/724,521		
□ URGENT X FOR REVIEW □ PLEASE COM	MMENT X PLEASE REPLY 🗆 PLEASE RECYCLEW		

Examiner Rashid –

We would like to schedule an Examiner Interview with you for Tuesday, April 29, 2008 at 2:00 PM – 2:30 PM (EDT). Attached is our Examiner's Interview Request Form for your review.

Please confirm your availability via phone or email (see below.)

Thank you!

Sheri Robinson, Executive Assistant for Michael Glenn

Phone: (408) 474-8400

Email: sheri@glenn-law.com

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April 23, 2008 Date Signature Sheri Robinson Typed or printed name of person signing Certificate (650) 474-8400 Registration Number, if applicable Telephone Number

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Attached to this cover-sheet please find the following documents:

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:	Applican	t Initiated Inter	view Request	Form		
Application No.: 10/ Examiner: David Ras	724,521 hid	First Named Applicant: Christopher Warnock Art Unit: 2624 Status of Application:				
Tentative Participa (1) Michael A. Glenn (y) (2) Juliette Hirt		<u> </u>		
(3) Christopher Wamo	ock	(4) Christopher Radcliff				
Proposed Date of In	iterview; Tues, A	pril 29, 2008	Proposed T	ime: 2:00-2:30 (E	EDT(AM/PM)	
Type of Interview F (1) [a] Telephonic		nal (3) [] Vi	deo Conference			
Exhibit To Be Show If yes, provide brief			[a] NO		<u> </u>	
		Issues To Be I	Discussed			
Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior	Discussed	Agreed	Not Agreed	
(1)	Claims 1, 17	Art	. []	[]	[]	
(2)			[]	[]	[]	
(3)		· · · · · · · · · · · · · · · · · · ·	[]	[]	[]	
(4) Continuation She	et Attached		.[]	[]	[]	
Brief Description of RCE and Preliminary A	Arguments to be mendment filed 4-	e Presented: 4-2008.				
<u>NOTE: </u>	ould be completed of be delayed from	above-identified app l by applicant and sub m issue because of app ed to file a statement	mitted to the exami	ner in advance ibmit a written	record of this	
Applicant/Applicar	nt's Representati	ve Signature	Exam	iner/SPE Signi	ature	
Typed/Printed Name	of Applicant or	Representative	•			
Registration	Number, if appl	icable	• • • •			

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SIND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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